

EXHIBIT 1



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name Wayne Peterson 2. S. S. No. _____

a. State any other name(s) under which employee worked. _____

3. Period of Last Employment: From 6/22/2006 To 7/1/2020

4. REASON FOR SEPARATION:

a. LACK OF WORK

b. If for other than lack of work, state fully and clearly the circumstances of the separation: Termination

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)

(DO NOT include vacation pay or earned wages)

_____ in the amount of \$ _____ for period from _____ to _____
(type of payment)

Date above payment(s) was/will be issued to employee _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.
_____ per month _____ % of contributions paid by employer

6. Did this employee earn at least \$3,500.00 in your employ? YES NO If NO, how much? \$ _____

Average Weekly Wage _____

Employer's Name City of Savannah, Attn: Human Resources

Address P. O. Box 1027

City Savannah State GA ZIP Code 31402

Employer's Telephone No. 912-525-3100, ext. 1114
(Area Code) (Number)

Ga. D. O. L. Account Number 140-306-02
(Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)

I CERTIFY that the above worker has been separated from work
and the information furnished herein is true and correct.
This report has been handed to or mailed to the worker.

Signature of Official, Employee of the Employer
or authorized agent for the employer

Title of Person Signing

7-1-20

Date Completed and Released to Employee

NOTICE TO EMPLOYER

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE
THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A
CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

DOL-800 (R-8/02)

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